

PARALEGAL SPECIALIST
DESIGNATED OFFICE
(202) 305-5483

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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44						
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.			12			
TOTAL CLAIMS			13			

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
54						
55						
56						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						